

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/831477

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13	1		1			
14		1				
15		1				
16	1	3				
17	1		1			
18		1				
19		1				
20		2				
21		1				
22		1				
23		1				
24		3				
25		2				
26		2				
27	1		1			
28		1				
29		1				
30	1		1			
31	1		1			
32	1		1			
33	1		1			
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49						
50						
TOTAL IND.			7			
TOTAL DEP.			23			
TOTAL CLAIMS			30			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								